

Outpatient Treatment Program

Introduction

It is the intent of the Behavioral Health Division to modify the provision of mental health outpatient treatment services to include substance abuse treatment services to persons presenting with a serious and persistent mental illness and a co-occurring substance use disorder.

The development of integrated services is an expectation of outpatient providers. The development of Co-Occurring Disorder (COD) capacity among outpatient as well as among other “level of care” providers will occur through a collaborative approach emphasizing “Best Practices” within the field. It is our expectation that outpatient providers will engage with BHD in the development of COD capacity shortly after initiation of a fee-for-service agreement.

Statement of Need

Research has confirmed that people with co-occurring substance use and mental health disorders are a large, significantly under served population. They have multiple service needs that cut across a variety of service systems, making it difficult to navigate the systems due to impaired functioning and/or cognitive limitations, as well as potentially receiving duplicative services from different systems due to lack of coordination. While there are ample studies supporting the efficacy of integrated treatment for individuals with co-occurring disorders, separate service systems have been unable to meet their needs.

Individuals with co-occurring psychiatric and substance use disorders are increasingly recognized as a population that is highly prevalent in both addiction and mental health service systems, and associated with poor outcomes and higher costs in multiple domains. In addition, they have long been recognized to be “system misfits” in systems of care that have been designed to treat one disorder only or only one disorder at a time.

Currently our vision is that all programs and clinicians will develop core capability, within the context of their existing program design, to more effectively service individuals with co-occurring needs by providing appropriately matched interventions and using established best practices for these populations. This RFI for mental health outpatient services represents the first step in implementing a COD service delivery system.

Core COD Values

According to SAMHSA, there are six guiding principles that serve as fundamental building blocks for programs in treating clients with COD, and they are equally applicable to both mental health and substance abuse agencies:

1. Employ a recovery perspective.
 - a) Develop a treatment plan that provides for continuity of care over time.
 - b) Devise treatment interventions that are specific to the tasks and challenges faced at each stage of the co-occurring disorder recovery process.
2. Adopt a multi-problem viewpoint.
3. Develop a phased approach to treatment.
4. Address specific real-life problems early in treatment.
5. Plan for the client’s cognitive and functional impairments.
6. Use support systems to maintain and extend treatment effectiveness.

- a) Building community
- b) Reintegration with family and community

QUALIFICATION FOR RESPONDENTS:

- Current mental health (MH) Certification under Wisconsin Administrative Code, HFS 61.91, Outpatient Psychotherapy Clinic Standards
- Current substance abuse (SA) certification under HFS 75.13 Outpatient Treatment Service
- Current BadgerCare Core provider or have a formal arrangement with a BadgerCare Core provider to coordinate and access psychiatric services and medications

Eligibility Standards of Consumers

- Milwaukee County Resident
- Age 18 or older
- Without current insurance benefits for mental health outpatient services (BHD is the payor of last resort)
- Meets financial payment obligations as determined by HFS 1
- Meets criteria for a DSM IV mental health diagnosis

Target Population

Within this list, the provider must have the capacity to prioritize access to individuals who have the greatest level of urgency.

- Individuals identified in the BHD Crisis Walk-In Center (CWIC) who are in crisis, are highly likely to have COD, in various stages of change for SA and MH, and are uninsured.
- Individuals, as above, in other BHD acute inpatient or crisis services, who meet similar characteristics.
- These are individuals who need varying levels of service. Individuals in need of adult mental health outpatient have an array of diagnoses including the majority of individuals experiencing affective disorders such as major depression, bipolar disorder, and some situational depressions. The remaining individuals are persons who experience major thought disorders such as schizophrenia. It is estimated that sixty to eighty percent of individuals served in MH outpatient have an accompanying substance use disorder.
- It has been the BHD's past experience that the utilization of adult mental health outpatient services is primarily as follows: medication management only, medication management along with individual and or group therapy and those receiving therapy only. Research demonstrates that therapy, in addition to medication prescription and management is an important adjunct in the treatment of many persons having a serious and persistent mental illness or co-occurring disorder, and is associated with improved outcomes. It is expected that most individuals will become eligible for the new BadgerCare Core benefit that will reimburse for medications and psychiatric services. Therapy providers must coordinate referrals with BadgerCare Core providers for medication management as BHD will not utilize the fee-for-service network to reimburse for medications.
- The following contains 2009 data, from January to May, to highlight volume and demographics of the population served:

Descriptive/Demographic Information-2009 Outpatient Program Data

2896 open cases

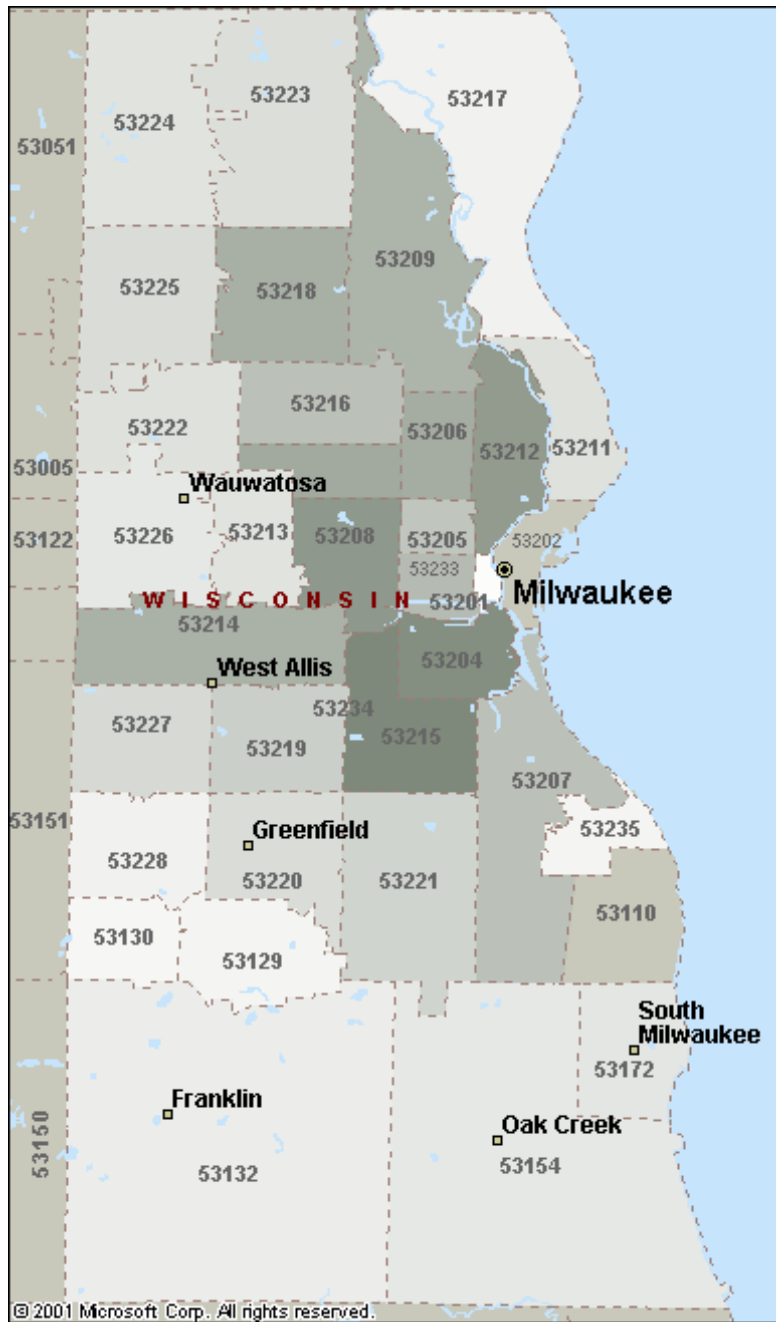
Gender	
F	1391
M	1505
Total	2896

Ethnicity	
AFRICAN AMERICAN	1200
AMERICAN INDIAN	16
ASIAN	21
HISPANIC	173
OTHER	3
UNKNOWN	23
WHITE	1460
Total	2896

Service Description January 2008 – May 2009	
Psychiatric Diagnostic Interview	1485
Op Ind Psychthpy 20-30 Min	357
OP Ind Psychthpy 20-30W Eval and Mgmt	2237
Op Ind Psychthpy 45-50 Min	2373
OP IND PSYCTHY 45-50W Eval and Mgmt	9
Op Ind Psychthpy 75-80 Min	3
Group Psychotherapy	252
Medication Management	12176
Medication Injection	1679
Case Management-Monitoring	3505
Office-Est Pat-Level 1	231

DIAGNOSTIC CATEGORY		
Mood Disorders	1440	51.19%
Psychotic Disorders	849	30.18%
Anxiety Disorders	248	8.82%
Substance Related Disorders	141	5.01%
Attention Deficit & Disturbance Behavior Disorder	39	1.39%
Personality Disorders	29	1.03%
Adjustment Disorders	28	1.00%
Impulse-Control Disorders	19	0.68%
Delirium	4	0.14%
Somatoform Disorders	4	0.14%
TIC Disorder	3	0.11%
Mental Retardation	2	0.07%
Pervasive Developmental Disorder	2	0.07%
Dissociative Disorders	1	0.04%
Eating Disorders	1	0.04%
Learning Disorder	1	0.04%
Sexual Disorders, Gender Identity Disorder	1	0.04%
Sleep Disorders, Dyssomnias	1	0.04%

Client locations by ZIP code



ZIP Code	Client Ct
53212	193
53208	173
53206	166
53209	161
53218	157
53215	155
53210	150
53216	142
53204	141
53214	136
53233	123
53202	115
53205	113
53207	98
53219	79
53223	63
53225	61
53213	56
53227	56
53211	54
53222	53
53220	52
53221	51
53224	38
53172	35
53110	34
53226	34
53154	31
53132	24
53129	21
53228	18
53217	15
53235	12
53130	9
53203	6
53201	5
53216	4
53234	3
53237	1

Required Service Array

The goal is to develop a flexible array of MH services, designed for a cohort of clients who have a high prevalence of co-morbidity, and who are not necessarily motivated to change. Creative approaches to engaging peer support services for MH and/or SA are welcomed. The services involve:

1. Engagement in continuing care, with empathic, hopeful, integrated relationships, including some outreach capacity for consumers referred from BHD crisis or inpatient care.
2. Screening, assessment and diagnostic evaluation, with capacity to provide data for both mental health and substance use.
3. Access to a clinical TEAM that shares responsibility for a cohort of consumers.
4. Situational (office-based) case management model.
5. Individual and group counseling for MH and/or SA needs, including motivational interviewing, as indicated.
6. Ensure recovery-oriented principles are incorporated into all aspects of care.
7. Psychological evaluation and assessment when indicated.
8. Assistance with benefit/insurance acquisition in partnership with the County.
9. Referral and coordination to a BadgerCare Core provider for psychiatric services and medication management, as applicable.
10. Appointments within 2 weeks for persons referred by BHD inpatient units, and within 30 days for persons referred by CWIC.
11. Scheduled “walk-in” times for enrolled service recipients who have missed their scheduled appointment(s).
12. Emergency “on-call” services 24/7/365 (note that on-call services are not defined as the BHD crisis line or 911).

PROPOSED RATES

Modifier	HO (Masters incl RN)	HP (PhD)	UA (MD - Psychiatrist)
90801 – Psychiatric Diagnostic Interview	\$61.11	\$72.22	\$105.78
90804 – Ind. Therapy 20-30 min	\$30.56	\$36.11	\$44.51
90806 – Ind. Therapy 45-50 min	\$61.11	\$72.22	\$105.78
90845 – Psychoanalysis 60 min	\$61.11	\$72.22	\$105.78
90847 – Family Psychotherapy 60 min	\$61.11	\$72.22	\$105.78
90853 – Group Therapy 60 min	\$12.51	\$15.36	\$26.71